

<i>SERFF Tracking Number:</i>	<i>CSLI-126151657</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Citizens Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42421</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Group Life - Associations &amp; Labor Unions</i>		
<i>Project Name/Number:</i>	<i>Group Life - ASSC &amp; LBUN/</i>		

## Filing at a Glance

Company: Citizens Security Life Insurance Company

Product Name: Group Life - Associations & Labor Unions      SERFF Tr Num: CSLI-126151657      State: Arkansas

TOI: L04G Group Life - Term      SERFF Status: Closed-Approved-Closed      State Tr Num: 42421

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num:      State Status: Approved-Closed  
Fixed/Indeterminate Premium - Single Life

Filing Type: Form      Reviewer(s): Linda Bird  
Author: Rickie Bolduc      Disposition Date: 06/11/2009  
Date Submitted: 05/14/2009      Disposition Status: Approved-Closed

Implementation Date Requested: On Approval      Implementation Date:  
State Filing Description:

## General Information

Project Name: Group Life - ASSC & LBUN  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 06/11/2009

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Group Market Type: Association, Other  
Explanation for Other Group Market Type:  
LABOR UNIONS  
State Status Changed: 06/11/2009  
Created By: Rickie Bolduc  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Rickie Bolduc  
Filing Description:

Enclosed please find our group term life product for your review and approval. These are new policy forms and will not replace any existing forms.

Our group products are marketed by brokers and independent agents. This life product will be a companion product to our group dental and group vision products which are being filed concurrently with this filing under a separate SERFF

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Fixed/Indeterminate Premium - Single Life  
Product Name: Group Life - Associations & Labor Unions  
Project Name/Number: Group Life - ASSC & LBUN/  
number.

These forms will be marketed to Associations and Labor Unions on a voluntary basis.

An Accidental Death and Dismemberment Rider will be available.

The Master Application, form # ASLU APP GLA 01 09 AR and the Enrollment Application,  
form # ASLU ENR GLA 01 09 AR, are enclosed.

A Statement of Variability is attached to the Master Policy and Certificate.

## Company and Contact

### Filing Contact Information

Rickie Bolduc, Actarial Associate  
PO Box 436149  
Louisville, KY 40253-6149  
rbolduc@cslico.com  
502-244-2431 [Phone]  
502-244-2439 [FAX]

### Filing Company Information

Citizens Security Life Insurance Company  
12910 Shelbyville Road, Suite 300  
PO Box 436149  
Louisville, KY 40253-6149  
(502) 244-2420 ext. [Phone]  
CoCode: 61921  
Group Code: 1310  
Group Name: Citizens Financial  
Group  
FEIN Number: 61-0648389  
State of Domicile: Kentucky  
Company Type: Life and Accident  
and Health  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
026181	\$50.00	05/13/2009

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved- Closed	Linda Bird	06/11/2009	06/11/2009

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## Disposition

Disposition Date: 06/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CSLI-126151657 State: Arkansas

Filing Company: Citizens Security Life Insurance Company State Tracking Number: 42421

Company Tracking Number:

TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Group Life - Associations & Labor Unions

Project Name/Number: Group Life - ASSC & LBUN/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	COVER LETTER		Yes
Supporting Document	ACTUARIAL MEMO		No
Supporting Document	STATEMENTS OF VARIABILITY		Yes
Supporting Document	JOHN DOE APPLICATIONS		Yes
Form	GROUP LIFE MASTER POLICY		Yes
Form	GROUP LIFE CERTIFICATE		Yes
Form	GROUP LIFE ADD MASTER RIDER		Yes
Form	GROUP LIFE ADD CERT RIDER		Yes
Form	MASTER APPLICATION		Yes
Form	ENROLLMENT FORM		Yes

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## Form Schedule

Lead Form Number: ASLU MAST GTL 01 09 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ASLU MAST GTL 01 09 AR	Policy/Cont	GROUP LIFE	Initial		44.200	Form ASLU MAST GTL 01 09.pdf
		act/Fratern	MASTER POLICY				
		al					
		Certificate					
	ASLU CERT GTL 01 09 AR	Certificate	GROUP LIFE	Initial		43.400	Form ASLU CERT GTL 01 09.pdf
			CERTIFICATE				
	ASLU MAST ADD GTL 01 09 AR	Policy/Cont	GROUP LIFE ADD	Initial		40.200	Form ASLU MAST ADD GTL 01 09.pdf
		act/Fratern	MASTER RIDER				
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	ASLU CERT ADD GTL 01 09 AR	Certificate	GROUP LIFE ADD	Initial		42.600	Form ASLU CERT ADD GTL 01 09.pdf
		Amendmen	CERT RIDER				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	ASLU APP GLA 01 09 AR	Application/MASTER	APPLICATION	Initial		41.100	Form ASLU APP GLA 01 09.pdf
		Enrollment					
		Form					
	ASLU ENR GLA 01 09 AR	Application/ENROLLMENT	FORM	Initial		55.600	Form ASLU ENR GLA 01 09.pdf
		Enrollment					
		Form					



P.O.Box 436149  
LOUISVILLE, KY 40253-6149  
Toll Free Telephone 800-843-7752

POLICY NUMBER: [ GL 0001]

POLICYHOLDER: [ ABC GROUP ]

We, Citizens Security Life Insurance Company, herein referred to as the Company, will pay the benefits provided in this Policy to the persons entitled to receive them. We make this promise subject to all of this Policy's provisions.

This Policy is issued in consideration of the application of the Policyholder and the payment of the premiums due.

If You are not satisfied with this policy You may return it. Return it to Us or to your agent within 10 days of its receipt. You will receive a full refund of any premiums You have paid. You should read this Policy carefully and contact Us promptly with any questions.

This Policy is delivered in and governed by the laws of ARKANSAS.

Signed for the Company at Louisville, Kentucky on the Policy Effective Date.

A handwritten signature in black ink, appearing to read 'Len E. Schweitzer'.

\_\_\_\_\_  
Len E. Schweitzer  
Secretary

A handwritten signature in black ink, appearing to read 'John Cornett'.

\_\_\_\_\_  
John Cornett  
President

**GROUP TERM LIFE INSURANCE POLICY**

**NON-PARTICIPATING**



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**ANY ENDORSEMENTS OR RIDERS FOLLOW PAGE 10.**

## SCHEDULE OF BENEFITS

**Policy Effective Date:** [August 1, 2005] at 12:01 a. m. at the Policyholder's address.  
**Policy Anniversary:** [August 1, 2006] and thereafter the same day of each year.  
**Premium Due Dates:** [August 1, 2005] the Policy Effective Date and thereafter [the same day each month.]

<u>ELIGIBLE CLASS</u>	<u>AMOUNT OF TERM LIFE INSURANCE</u>	<u>ACCIDENTAL DEATH &amp; DISMEMBERMENT INSURANCE</u>
Insured Member:	[ \$1,000 - \$50,000 ]	[Equal to the Amount of Term Insurance]
Spouse:	[ \$500 - \$25,000 ]	Not Available
Dependent Child:	[ \$500 - \$10,000 ]	Not Available

**REDUCTIONS:** All insurance provided under this Policy for the Insured Persons will be reduced, based on the Insured Members age, in accordance with the following:

Age When Reduction Occurs: [ [50] [70] [75] ]

Percentage to which the Amount of in-force insurance will reduced: [ [75] [40] [20] ]

**AGE OF TERMINATION:** [ 80 ]

### ELIGIBILITY WAITING PERIOD:

[All Members] [ 0 – 90 days ]

[Member active in the Policyholder on the Policy Effective Date.] [ 0 – 90 days ]

[Members who become active in the Policyholder after the Policy Effective Date.] [ 0 – 90 days ]

**INITIAL RATE GUARANTEE PERIOD:** [ 12 – 36 months ]

### INITIAL MONTHLY RATES OF INSURANCE:

Insured Member Rate: [\$2.00 Per \$1000 of insurance]

Insured Dependent Rate: [\$2.00]

Member's Accidental Death and Dismemberment Rate: [\$1.00 Per \$1000 of Insurance]

## **DEFINITIONS**

**DEPENDENT CHILD** means any unmarried child who is the natural child, legally adopted child or stepchild of the Member, or who is under the legal custody or legal guardianship of the Member and who is between the ages of 10 days and 25 years, provided his legal residence is the same as the Member's and he is dependent upon Member or Member's Spouse for more than 50% of his support and maintenance. If the Child's legal address is different from Member's, the child is considered to be a Dependent Child if so ordered by a court decree or if he is listed as a dependent on Member's most recent Federal income tax return and he is dependent upon the Member for more than 50% of his support and maintenance.

Eligibility will continue past the age limit for Dependent children who are primarily dependent upon the Insured for support and who cannot work to support themselves due to a physical or mental incapacity that began before the age limit was reached. Proof of such incapacity must be provided to Us upon request.

**ELIGIBILITY CLASS** means a category of persons eligible for insurance under this Policy as indicated in the Schedule of Benefits and as defined in the Eligibility for Coverage section.

**ELIGIBILITY DATE** means the date on which a Member, Spouse or Dependent Child become eligible to apply for insurance under this Policy.

**ELIGIBILITY WAITING PERIOD** means the continuous length of time shown in the Schedule of Benefits a Member must serve in an Eligible Class to become eligible for coverage.

**ENROLLMENT FORM** means a form provided by or acceptable to Citizens Security Life that may be used for the purpose of collecting coverage information from the Member.

**GROUP** means the Policyholder to which the Policy is issued.

**GROUP APPLICATION** means the form provided by Citizens Security Life for the purpose of the Policyholder's application for insurance under this Policy.

**HOME OFFICE** means Citizens Security Life Insurance Company, 12910 Shelbyville Road, Louisville, Kentucky 40243.

**INSURED MEMBER** means a Group Member who has insurance coverage under this Policy.

**INSURED PERSON** means a Member, Spouse, or Dependent Child who has insurance coverage under this Policy.

**INSURED SPOUSE** means a Spouse who has insurance coverage under this Policy.

**MEMBER** means a person who has enrolled and continues in good-standing as part of a business, professional or trade Group.

**PERSONAL PRONOUN** used in the masculine gender will be deemed to include the feminine gender.

**PHYSICIAN** means an individual licensed to practice medicine and acting within the scope of that license. The Physician cannot be the Insured Person or any member of his immediate family. Immediate family includes parents, grandparents, siblings, children, stepchildren, grandchildren and their respective spouses.

**POLICY** whenever used herein without qualification means this Group Term Life Insurance Policy issued by Citizens Security Life to the Policyholder.

**POLICYHOLDER** means the entity to which this Policy is issued.

**POLICY ANNIVERSARY** means the month, day, and year specified in the Schedule of Benefits and the corresponding date in each year thereafter.

**POLICY DATE** means the effective date of this Policy as shown in the Schedule of Benefits.

**POLICY MONTH** means each succeeding monthly period beginning on the Policy Date.

## **DEFINITIONS (Continued)**

**PREMIUM** means the amount of money paid each month to purchase the benefits provided by this Policy.

**SCHEDULE OF BENEFITS** means the Schedule of Benefits appearing on page 3 of this Policy or the latest of any revised Schedule of Benefits issued by Citizens Security Life at the request of the Policyholder to replace the Schedule of Benefits previously in effect.

**SPOUSE** means an Member's legal spouse under the laws of the state of issue.

**WE, OUR, US OR CITIZENS SECURITY LIFE** means Citizens Security Life Insurance Company.

**WRITTEN NOTICE** means a notification or request received by Citizens Security Life. Written Notices are effective upon receipt at the Home Office. Written Notice to a Policyholder shall be deemed given by Citizens Security Life when mailed to the last known address of the Policyholder or, with the written agreement of the Policyholder, delivered by electronic means.

**YOU or YOUR** means the Person, firm, or institution named on the face page of this policy.

## **ELIGIBILITY FOR COVERAGE; EFFECTIVE DATES**

### **A. ELIGIBILITY OF A MEMBER FOR COVERAGE**

A Member is eligible to apply for coverage hereunder, if he meets the requirements of the definition of Member and has completed the Eligibility Waiting Period shown in the Schedule of Benefits.

Coverage for each eligible Member is contingent upon the Member requesting such coverage on an Enrollment Form, and upon Our approval and acknowledgment of such request. The Policyholder is responsible for submitting to Us requests for coverage only for eligible Members.

### **B. ELIGIBILITY OF A MEMBER'S SPOUSE FOR COVERAGE**

A Member may request coverage of an eligible Spouse hereunder if that individual is less than 70 years of age on the date such coverage would otherwise become effective and the Member has requested his own coverage under this Policy. Insurance coverage for an eligible Spouse is contingent upon the Member's requesting such coverage on an Enrollment Form, within 31 days of eligibility, and upon Our approval and acknowledgment of such request.

A Member's Spouse is eligible to request coverage hereunder on the later of the date the Member becomes insured under this Policy or upon the marriage of the Member and the Spouse.

No Member shall be eligible for coverage as both a Member and a Spouse.

### **C. ELIGIBILITY OF DEPENDENT CHILDREN FOR COVERAGE**

A Member is first eligible to request coverage on Dependent Children on the later of the following dates:

1. The date the Member first becomes eligible and requests his own coverage under this Policy; or
2. The date the Member first acquires such Dependent Child or Children. A Dependent Child is first acquired as follows:
  - a. Natural Child - on his date of birth;
  - b. Adopted Child - on the date the child is placed with the Member for adoption;
  - c. Stepchild - on the date that the child first meets the Dependent Child definition.

Request for Dependent Children's coverage will be for all Dependent Children that the Member has on the date of such request. Coverage for Dependent Children is contingent upon the Member requesting such coverage on an Enrollment Form within 90 days from the date the Member acquires the Dependent Child or Children, and upon Our approval and acknowledgment of such request.

No Child who is eligible for insurance as a Member under any group insurance plan may be insured as a Dependent Child under this Policy. No person may be covered under this Policy as the Dependent Child of more than one Member.

## **ELIGIBILITY FOR COVERAGE; EFFECTIVE DATES (Continued)**

### **D. EFFECTIVE DATE OF COVERAGE**

1. The coverage will become effective on the Premium Due Date coincident with or next following completion of the Member's Waiting Period.
2. If the Member acquires a Dependent Child while Dependent Children's coverage is in effect, such Dependent Child will become insured upon written notice to Us and subject to paragraph E. below.
3. In no event will coverage become effective prior to the Policy Date.
4. Notwithstanding the above, the Effective Date of coverage is subject to the deferral provisions of paragraph E below.
5. No application for coverage of a Spouse or Dependent Child will be approved if Member coverage is disapproved.

### **E. DEFERRAL OF EFFECTIVE DATE**

If Your Spouse or Dependent Child is confined as an inpatient in a medical care facility on the date coverage would otherwise become effective, such coverage will become effective on the day following Your Spouse's or Dependent Child's discharge from the medical care facility.

## **PREMIUMS**

Continuance of coverage will be contingent upon payment of the premiums to Us at Our Home Office. The first Premium is due on or before the Policy Date; subsequent premiums are due on the premium Due Date specified in this Policy and each month thereafter.

We may change the applicable premium if there is a change in the factors bearing on the risk we have assumed. Following the Initial Rate Guarantee period, We may change the rate on any premium due date, but not more than once in any 12-month period, and not unless we change the rate for all insured Members in the same class. We will provide at least 31 day's written notice in advance of a change in premium rates. Notice is considered given when mailed to the last known address of the Policyholder.

## **PAYMENT OF PREMIUMS**

Premium charges for additional or increased insurance becoming effective during a policy month will begin on the next premium due date. Premium charges for insurance terminating during a policy month will cease at the end of the month in which such insurance terminates. This method of charging premium is for accounting purposes only. It will not extend any insurance coverage beyond the date it would have otherwise terminated as set forth in this policy.

If premiums are payable on other than a monthly basis, premiums for additional, increased, reduced or terminated insurance will cause a pro rata adjustment on the next premium due date.

A grace period of 31 days is allowed for the payment of any Premium after the payment of the initial Premium. During the grace period, coverage under this Policy will remain in force unless the Policyholder has given Us notice that the coverage is to be terminated before the end of the grace period. If the Premium is not paid before the end of the grace period, this Policy will terminate.

## **AMOUNT OF INSURANCE**

The amount of insurance for each Member, Spouse or Dependent Child must be in accordance with the available amounts set forth in the Schedule of Benefits.

The insurance provided under this Policy is term life insurance that does not accumulate loan, cash, or other non-forfeiture values.

## **PAYMENT OF BENEFITS**

The Company will pay the amount of life insurance in force on the date of the Insured Person's death as shown in the Schedule of Benefits in accordance with this Policy and upon the following terms and conditions.

- A. Written notice of the death of a Member, Spouse or a Dependent Child while covered under this Policy, must be given to Us at our Home Office within one year after the date of death. If such notice is not given, We will not be liable for any payment on account of such death.
- B. Upon receipt of timely and satisfactory proof of the death of a Member insured under this Policy, We will pay the amount of insurance then in force on the life of that person to his designated beneficiary, subject to the further provisions of this Policy. Such beneficiary designation will be made in writing and signed by the Member.

### **PAYMENT OF BENEFITS (Continued)**

- C. Upon receipt of timely and satisfactory proof of the death of a Spouse or Dependent Child insured under this Policy, We will pay the amount of insurance then in force on the life of that Spouse or Dependent Child to the Member, if living, otherwise in accordance with paragraph F below.
- D. Only the Insured Member or an irrevocable assignee, if any, may change the beneficiary. A new beneficiary may be named by filing a written notice of the change. The change will be effective as of the date it was signed subject to any action taken by Us before We received notice of the change.
- E. If the Member named more than one beneficiary and if the Member did not state the beneficiaries' respective interests, they will share equally. If any beneficiary dies before the Member, his interest will pass equally to the surviving beneficiaries named by the Member, unless otherwise provided by the Member.
- F. If no beneficiary is named or if no named beneficiary survives the Member, payment will be made at Our option, successively, as follows:
  - 1. To the Member's Spouse, if living; otherwise
  - 2. In equal shares to the living children, if any; or if none,
  - 3. In equal shares to the Member's living parent or parents; or if none,
  - 4. In equal shares to the Member's living brothers or sisters; or if none,
  - 5. Then to the Member's estate.
- G. A Member whose insurance is payable to a natural person may elect to have the proceeds of his insurance paid in installments (or, if he did not do so, the beneficiary may so elect) by filing a satisfactory written request with Us. The amounts and terms of such installments will be in accordance with those customarily offered by Us for settlement of group life insurance proceeds at the time of the election.
- H. Any payment made in good faith by Us under this section will fully discharge Us to the extent of such payment.

### **TERMINATION OF INSURANCE**

- A. An Insured Member's insurance will terminate at 12:01 a.m. at the main office of the Policyholder on the earliest date shown below:
  - 1. The last day of the Policy Month coincident with or next following the date the Member's membership terminates; or
  - 2. The last day of the Policy Month coincident with or next following the date the Member is no longer a member of an eligible class; or
  - 3. The effective date of an amendment to this Policy which terminates the insurance of the class to which the Member belongs; or
  - 4. The date this Policy terminates; or
  - 5. The last day of the last period for which premiums for such Insured Member were paid; or
  - 6. The last day of the Policy Month in which the Member requests termination of coverage, but not prior to the date of the request; or
  - 7. The date the Insured Member enters active military service for any country except for temporary duty of 30 days or less; or
  - 8. The date the Insured Member attains the Age of Termination as Stated in the Schedule of Benefits.
- B. A Spouse or Dependent Child's insurance will terminate at 12:01a.m. at the main office of the Policyholder on the earliest date shown below:
  - 1. The date the Insured Member's insurance terminates; or
  - 2. As to a Spouse, the end of the Policy Month coincident with or next following attainment of age 70; or
  - 3. The end of the Policy Month coincident with or next following the date the Spouse or Dependent Child(ren) otherwise ceases to meet the definition of a Spouse or Dependent Child.
- C. When the Insured Member is no longer a member of the Policyholder, We will consider His enrollment to be terminated.
- D. If the Policyholder does not choose to continue coverage under this section, or at the termination of coverage under this section, the Member may continue life insurance coverage by timely application for conversion pursuant to the Conversion Privilege section of this Policy.

## **TERMINATION OF POLICY**

### **A. TERMINATION BY THE POLICYHOLDER**

The Policyholder has the right to terminate this Policy on any Premium Due Date. Written Notice of termination must be given to Us at least 31 days before the date this Policy is to end. Termination will not become effective during any premium period for which a Premium has been paid to Us.

### **B. TERMINATION BY CITIZENS SECURITY LIFE**

This Policy may be renewed on the Policy Anniversary. Continuance of the insurance will be conditioned upon payment of premiums at rates determined by Us.

We reserve the right to terminate this Policy on any Premium Due Date by giving written notice to the Policyholder at least 31 days in advance.

We may terminate the Group Policy as follows:

1. On the first day after the end of any Contract Year at 12:01 A.M. Standard Time.
2. The number of Members insured falls below the level required by Our rules for maintaining the coverage; or
3. The Policyholder fails to furnish promptly any information which we may reasonably require, and to perform any other obligations pertaining to this policy.

Termination of this Policy by Us may take effect on an earlier date if the Policyholder and We mutually agree.

### **C. AUTOMATIC TERMINATION**

This Policy will terminate without any action on the part of the Company on the day before the due date of any Premium that remains unpaid at the end of the grace period.

### **D. EFFECT OF TERMINATION**

If this Policy terminates, Premiums are due for any coverage provided during the grace period..

Termination of this Policy will be without prejudice to any claim originating prior to termination.

## **CONVERSION PRIVILEGE**

Subject to the following terms and conditions certain Individuals Insured under this Policy shall have the right to purchase an individual insurance policy without submitting Evidence of Insurability upon the termination of coverage under this Policy.

- A.** An Insured Person under this Policy may convert coverage to an Individual policy of life insurance if coverage under this Policy terminates because of one of the following events:

1. Termination of the Member's enrollment with the Group; or
2. The Member, Spouse or Dependent Child is no longer a member of a class eligible for coverage as specified in the Policy.

The amount of Insurance under such an individual policy will not exceed the amount of Insurance on the Insured Person which was discontinued for either of the above reasons.

- B.** An Insured Person who has been continuously Insured under this Policy for at least 5 years may convert to an individual policy of life insurance if:

1. This Policy is terminated; or
2. This Policy is amended, making the class of which he is a member ineligible for insurance under this Policy.

The amount of such individual policy will not exceed the amount of life insurance which was terminated, less the amount of any group life insurance that the person becomes eligible for within the conversion period, or \$10,000, whichever is less.

### **CONVERSION PRIVILEGE (Continued)**

C. Issue of the individual policy will be subject to all of the following conditions:

1. Written application for the individual policy and the first Premium must be received by Us during the Conversion Period.
2. The individual policy may be on any individual plan of insurance, except term insurance, customarily issued by Us for purposes of converting coverage. The Individual policy will not include Waiver of Premium or supplementary benefits.
3. The Premium for the individual policy will be determined by plan type, the Insured Person's age and risk classification and Our then current rates at the time of conversion.
4. Insurance under the individual policy will not become effective until the end of the Conversion Period.

The Conversion Period is defined as the 31 day period following the effective date of termination of coverage under this Policy.

D. If an Insured Person dies during the Conversion Period, We will pay a death benefit under this Policy equal to the maximum amount of insurance the individual was entitled to convert, whether or not application was made for an individual policy.

If the Insured Person dies during the Conversion Period and the Insured Person had made application for an individual policy, the designation in the application of a beneficiary different from the beneficiary under this Policy will, notwithstanding any other provision of this Policy, effect a change of beneficiary under this Policy to the beneficiary designated in the application.

### **GENERAL PROVISIONS**

#### **A. ASSIGNABILITY**

An absolute assignment by the Member of all the incidents of ownership of his life insurance coverage under this Policy, as evidenced by his certificate, will be permitted. An assignment will not be binding on Us until received at Our Home Office. We will not assume any responsibility for the validity or the effect of any assignment. Collateral assignments will not be permitted.

#### **B. AUTOPSY**

We, at our expense, may have an autopsy performed, where allowed by law, if a claim for death benefits is made.

#### **C. CLERICAL ERROR**

A clerical error in record keeping will not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated. Upon discovery of such error, a fair adjustment of Premium as determined by Us will be made. Such adjustment will be limited to the 12-month period that precedes the date We verify that such an adjustment should be made. Failure of the Policyholder to provide the appropriate certificate or any required notice to a Member does not constitute clerical error.

#### **D. CONFORMITY WITH STATE STATUTES**

Any provision of this Policy which, on the Policy Date, is in conflict with the laws of the state in which it was delivered, is amended to conform to the minimum requirements of such laws.

#### **E. DISCRETIONARY AUTHORITY**

In making any benefits determination under this Policy, We will have the discretionary authority both to determine an insured's eligibility for benefits and to construe the terms of this Policy.

#### **F. ENTIRE CONTRACT; STATEMENTS AND AMENDMENTS**

1. This Policy and the Group Application form the entire contract of the parties.
2. All statements, in the absence of fraud, made by the Member or by any person insured will be deemed representations and not warranties. No statement made by any person insured will be used in any contest or in defense of a claim unless a copy of the instrument containing the statement is or has been furnished to the Member, Spouse, or the Member's beneficiary or personal representative.



## **GENERAL PROVISIONS (Continued)**

3. The terms of this Policy and the coverage provided under it may be amended or changed at any time by written agreement between the Policyholder and Us. The consent of the individuals insured or of their beneficiaries is not required. Changes to this Policy are subject to the laws of the state in which it is delivered. Only an officer of Our Company has the authority to change, modify or waive the provisions of this Policy, and then only in writing and approved by the President, Secretary or Vice President. We will not be bound by any promise or representation heretofore or hereafter made by or to any agent or person other than as specified in this paragraph.
4. In the event this Policy is amended by changes that affect the description of the essential features of the insurance under this Policy, an amendment or revised certificate reflecting such changes will be issued to the Policyholder and made available to the Insured Members.

### **G. INCONTESTABILITY**

We cannot contest the validity of this Policy as to any Insured Person's coverage that has been in force under this Policy for two years during the lifetime of that Insured Person, except for nonpayment of Premium.

No statement made by any Insured Person relating to his insurability will be used in contesting the validity of the insurance unless it is contained in a written statement signed by him.

### **H. INDIVIDUAL CERTIFICATE**

We will make a certificate available to the Insured Member. Certificates will state the insurance protection to which He is entitled and to whom the benefits are payable.

### **I. INSURANCE DATA**

The Policyholder will furnish to Us monthly, unless other regular intervals are mutually agreed to:

1. Information relative to all eligible Members:
  - a. who qualify to become insured;
  - b. whose amounts of insurance change; and/or
  - c. whose insurance terminates.
2. Any other information relating to this Policy that may be reasonably required.

### **J. LEGAL ACTIONS**

No action in law or in equity will be brought to recover under this Policy prior to 60 days after proof of loss has been provided to Us, nor will such action be brought at all unless brought within 3 years from the expiration of the time within which proof of loss is required.

### **K. MISSTATEMENT OF AGE**

The true date of birth of a person covered under this Policy will be used to determine the commencement or termination of coverage, the amount of coverage and any other right or benefit with respect to that person. If an Insured Person's age has been misstated, premiums will be adjusted retroactively as determined by Us.

### **L. NON-WAIVER OF POLICY PROVISIONS**

Our failure to enforce Policy provisions will not waive, modify, or void this Policy's provisions for any future occurrence.

### **M. SUICIDE**

If an Insured Person dies by suicide, while sane or insane, within the two-year period after the effective date of that person's life insurance under this Policy, We will pay only an amount equal to the premiums paid for that insurance. If an Insured Person dies by suicide, while sane or insane, within two years from the effective date of any increase in the amount of insurance, the total liability with respect to such increase will be limited to the premiums for such increase.

### **N. TIME LIMITATIONS**

If any time limitation of this Policy with respect to giving notice of claim, furnishing proof of loss, or bringing an action in law or in equity is less than that permitted by the law of the state in which the Member resides at the time this Policy is issued, such limitation is hereby extended to agree with the minimum permitted by such law.



P.O.Box 436149  
LOUISVILLE, KY 40253-6149  
Toll Free Telephone 800-843-7752

POLICY NUMBER: [ GL 00001 ]

POLICYHOLDER: [ ABC Policyholder ]

We, Citizens Security Life Insurance Company, herein referred to as the Company, will pay the benefits provided in this Certificate to the persons entitled to receive them. We make this promise subject to all of the Policy's provisions.

This Certificate is issued in consideration of the application received from the Certificate Holder and the payment of the premiums due.

If you are not satisfied with this Certificate you may return it. Return it to us or to your agent within 10 days of its receipt. You will receive a full refund of any premiums you have paid. You should read this Certificate carefully and contact Us promptly with any questions.

This Certificate is delivered in and governed by the laws of ARKANSAS.

Signed for the Company at Louisville, Kentucky on the Policy Effective Date.

A handwritten signature in black ink, appearing to read 'Len E. Schweitzer', written over a horizontal line.

Len E. Schweitzer  
Secretary

A handwritten signature in black ink, appearing to read 'John Cornett', written over a horizontal line.

John Cornett  
President

## GROUP TERM LIFE INSURANCE CERTIFICATE

NON-PARTICIPATING

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**ANY ENDORSEMENTS OR RIDERS FOLLOW PAGE 9.**

## SCHEDULE OF BENEFITS

**Policy Number:** [ GL00001 ]

**Policyholder:** [ ABC Policyholder]

**Policy Effective Date:** [August 1, 2008]

at 12:01 a. m. at the Policyholder's address.

**Policy Anniversary:** [August 1, 2008]

and thereafter the same day of each year.

**Premium Due Dates:** [August 1, 2008]

the Policy Effective Date and thereafter [the same day each month.]

<u>ELIGIBILITY CLASS</u>	<u>AMOUNT OF TERM LIFE INSURANCE</u>
--------------------------	--------------------------------------

<u>ACCIDENTAL DEATH &amp; DISMEMBERMENT INSURANCE</u>
---

Insured Member:	[ \$1,000 - \$50,000 ]
-----------------	------------------------

[Equal to the Amount of Term Insurance]
---

Spouse:	[ \$500 - \$25,000 ]
---------	----------------------

Not Available
---------------

Dependent Child:	[ \$500 - \$10,000 ]
------------------	----------------------

Not Available
---------------

**REDUCTIONS:** All insurance provided under this Policy for the Insured Persons will be reduced, based on the Insured Members age, in accordance with the following:

**Ages of Insured Member When Reduction Occurs:** [ [50] [70] [75] ]

**Percentage to which the Amount of in-force insurance will be reduced:** [ [75] [40] [20] ]

**AGE OF TERMINATION:** [ 80 ]

**ELIGIBILITY WAITING PERIOD:**

[All Members]	[ 0 - 90 days ]
---------------	-----------------

[Member active in the Policyholder on the Policy effective Date.]	[ 0 - 90 days ]
---	-----------------

[Members who become active in the Policyholder after the Policy Effective date.]	[ 0 - 90 days ]
--	-----------------

**INITIAL RATE GUARANTEE PERIOD:** [ 12 - 36 months ]

**INITIAL MONTHLY RATES OF INSURANCE:**

**Insured Member Rate:** [\$2.00 Per \$1,000 of Insurance]

**Insured Dependent Rate:** [\$2.00]

**Member's Accidental Death and Dismemberment Rate:** [\$1.00 Per \$1000 of insurance]

## **DEFINITIONS**

**DEPENDENT CHILD** means any unmarried child who is the natural child, legally adopted child or Your stepchild, or who is under Your legal custody or Your legal guardianship and who is between the ages of 10 days and 25 years, provided his legal residence is the same as the yours and he is dependent upon you or your spouse for more than 50% of his support and maintenance. If the Child's legal address is different from yours, the child is considered to be a Dependent Child if so ordered by a court decree or if he is listed as a dependent on your most recent Federal income tax return and he is dependent upon you or your spouse for more than 50% of his support and maintenance.

Eligibility will continue past the age limit for Dependent children who are primarily dependent upon you for support and who cannot work to support themselves due to a physical or mental incapacity that began before the age limit was reached. Proof of such incapacity must be provided to Us upon request.

**ELIGIBILITY CLASS** means a category of persons eligible for insurance under this Policy as indicated in the Schedule of Benefits and as defined in the Eligibility for Coverage section.

**ELIGIBILITY DATE** means the date on which you, your spouse or your dependent child(ren) become eligible to apply for insurance under the Policy.

**ELIGIBILITY WAITING PERIOD** means the continuous length of time shown in the Schedule of Benefits a Member must serve in an Eligible Class to become eligible for coverage.

**HOME OFFICE** means Citizens Security Life Insurance Company, 12910 Shelbyville Road, Louisville, Kentucky 40243.

**INSURED MEMBER** means the Group Member who has insurance coverage under the Policy.

**INSURED PERSON** means a Member of the Policyholder, the Member's spouse or a Dependent Child who has insurance coverage under the Policy.

**INSURED SPOUSE** means a Spouse who has insurance coverage under this Policy.

**MEMBER** means a person who has enrolled and continues in good-standing as part of a business, professional or trade Group.

**PERSONAL PRONOUN** used in the masculine gender will be deemed to include the feminine gender.

**PHYSICIAN** means an individual licensed to practice medicine and acting within the scope of that license. The Physician cannot be you or any member of your immediate family. Immediate family includes parents, grandparents, siblings, children, stepchildren, grandchildren and their respective spouses.

**POLICY** means the Group Term Life Insurance Policy issued by Citizens Security Life to the Policyholder.

**POLICYHOLDER** means the entity to which the Policy is issued.

**PREMIUM** means the amount of money which the Policyholder pays each month to purchase the benefits provided by the Policy.

**SCHEDULE OF BENEFITS** means the Schedule of Benefits appearing on page 3 of this Policy or the latest of any revised Schedule of Benefits issued by Citizens Security Life at the request of the Policyholder to replace the Schedule of Benefits previously in effect.

**SPOUSE** means your legal spouse under the laws of the state of issue.

**WE, OUR, US OR CITIZENS SECURITY LIFE** means Citizens Security Life Insurance Company.

**YOU OR YOUR** means the Insured Member to whom this certificate has been issued.

## **ELIGIBILITY FOR COVERAGE; EFFECTIVE DATES**

### **A. ELIGIBILITY**

You are eligible to apply for coverage if you:

1. Have completed the applicable Waiting Period, and
2. Are in a class shown on the Policyholder's application/change form.

Your Coverage is contingent upon You requesting such coverage on an Enrollment Form, and upon Our approval and acknowledgment of such request. The Policyholder is responsible for submitting to Us requests for coverage only for eligible Members.

### **B. EFFECTIVE DATE OF COVERAGE**

1. The coverage will become effective on the Premium Due Date coincident with or next following completion of Your Waiting Period.
2. If You acquire a Dependent Child while Dependent Children's coverage is in effect, such Dependent Child will become insured upon written notice to Us and subject to paragraph C. below.
3. In no event will coverage become effective prior to the Eligibility Date.
4. Notwithstanding the above, the Effective Date of coverage is subject to the deferral provisions of paragraph C below.
5. No application for coverage for Your Spouse or Dependent Child will be approved if Your coverage is disapproved.

### **C. DEFERRAL OF EFFECTIVE DATE**

If Your Spouse or Dependent Child is confined as an inpatient in a medical care facility on the date coverage would otherwise become effective, such coverage will become effective on the day following Your Spouse's or Dependent Child's discharge from the medical care facility.

## **PREMIUMS**

Continuance of coverage will be contingent upon payment of the premiums to Us at our Home Office. The first Premium is due on or before the effective date of your coverage; subsequent premiums are due on the premium Due Date specified in the Policy and each month thereafter.

We may change the applicable premium if there is a change in the factors bearing on the risk we have assumed. Following the first Policy Anniversary, We may change the rate on any premium due date, but not more than once in any 12-month period, and not unless we change the rate for all insured Members in the same class. We will provide at least 31 days written notice in advance of a change in premium rates. Notice is considered given when mailed to the last known address of the Policyholder.

## **PAYMENT OF PREMIUMS**

Premium charges for additional or increased insurance becoming effective during a policy month will begin on the next premium due date. Premium charges for insurance terminating during a policy month will cease at the end of the month in which such insurance terminates. This method of charging premium is for accounting purposes only. It will not extend any insurance coverage beyond the date it would have otherwise terminated as set forth in the policy.

If premiums are payable on other than a monthly basis, premiums for additional, increased, reduced or terminated insurance will cause a pro rata adjustment on the next premium due date.

A grace period of 31 days is allowed for the payment of any Premium after the payment of the initial Premium. During the grace period, coverage under the Policy will remain in force unless the Policyholder has given Us notice that the coverage is to be terminated before the end of the grace period. If the Premium is not paid before the end of the grace period, this coverage will terminate. Premiums are due for any coverage provided during the grace period.

## **AMOUNT OF INSURANCE**

The amount of insurance for each Member, Spouse or Dependent Child must be in accordance with the available amounts set forth in the Schedule of Benefits.

The insurance provided under this Policy is term life insurance that does not accumulate loan, cash, or other non-forfeiture values.

### **PAYMENT OF BENEFITS**

The Company will pay the amount of life insurance in force on the date of Your death as shown in the Schedule of Benefits in accordance with the Policy and upon the following terms and conditions:

- A. Written notice of Your death, or the death of Your Spouse or a Dependent Child while covered under the Policy, must be given to Us at Our Home Office within one year after the date of death. If such notice is not given, We will not be liable for any payment on account of such death.
- B. Upon receipt of timely and satisfactory proof of the death of any Insured Person under the Policy, We will pay the amount of insurance then in force on the life of that person to his designated beneficiary. Such beneficiary designation shall be made in writing and signed by You. If a beneficiary designation has been made by You under a predecessor policy, We will pay according to such designation unless changed pursuant to paragraph D. below.
- C. Upon receipt of timely and satisfactory proof of the death of Your Spouse or Dependent Child insured under the Policy, We will pay the amount of insurance then in force on the life of Your Spouse or Dependent Child to You, if living, otherwise in accordance with paragraph F. below.
- D. Only You or an irrevocable assignee, if any, may change the beneficiary. A new beneficiary may be named by filing a written notice of the change. The change will be effective as of the date it was signed subject to any action taken by Us before We received notice of the change.
- E. If You name more than one beneficiary and if You did not state the beneficiaries' respective interests, they will share equally. If any beneficiary dies before You his interest will pass equally to the surviving beneficiaries named by You, unless otherwise provided by You.
- F. If no beneficiary is named or if no named beneficiary survives You, payment will be made at Our option, successively, as follows:
  - 1. To Your Spouse, if living; otherwise
  - 2. In equal shares to Your living children, if any; or if none,
  - 3. In equal shares to Your living parent or parents; or if none,
  - 4. In equal shares to Your living brothers or sisters; or if none,
  - 5. Then to Your estate.
- G. If Your insurance is payable to a natural person, You may elect to have the proceeds of Your insurance paid in installments (or, if you did not make such an election, the beneficiary may do so) by filing a satisfactory written request with Us. The amounts and terms of such installments will be in accordance with those customarily offered by Us for settlement of group life insurance proceeds at the time of the election.
- H. Any payment made in good faith by Us, under this section will fully discharge Us to the extent of such payment.

### **TERMINATION OF INSURANCE**

- A. Your insurance will terminate at 12:01 a.m. at the main office of the Policyholder on the earliest date shown below:
  - 1. The last day of the Policy Month coincident with or next following the date your membership terminates; or
  - 2. The last day of the Policy Month coincident with or next following the date You are no longer a member of an eligible class; or
  - 3. The effective date of an amendment to the Policy which terminates the insurance of the class to which You belong; or
  - 4. The date the Policy terminates; or
  - 5. The last day of the last period for which premiums were paid; or
  - 6. The last day of the Policy Month in which You request termination of coverage, but not prior to the date of the request; or
  - 7. The date You enter military service for any country except for temporary duty of 30 days or less; or
  - 8. At the Age of Termination as stated in the Schedule of Benefits.

### **TERMINATION OF INSURANCE (Continued)**

**B.** Your Spouse's or Dependent Child's insurance will terminate at 12:01 a.m. at the main office of the Policyholder on the earliest date shown below:

1. The date your insurance terminates; or
2. As to your spouse, the end of the Policy Month coincident with or next following attainment of age 70; or
3. The end of the Policy Month coincident with or next following the date Your Spouse or Dependent Child(ren) other wise ceases to be Your Spouse or Dependent Child(ren), as defined in the Policy.

**C.** When You are no longer an enrolled member, We will consider Your membership to be terminated.

At the termination of coverage under this section, You may continue life insurance coverage by timely application for conversion pursuant to the Conversion Privilege section of the Policy.

### **TERMINATION OF POLICY**

#### **A. TERMINATION BY THE POLICYHOLDER**

The Policyholder has the right to terminate the Policy on any Premium Due Date. Written Notice of termination must be given to Us at least 31 days before the date the Policy is to end. Termination will not become effective during any premium period for which a Premium has been paid to Us.

#### **B. TERMINATION BY CITIZENS SECURITY LIFE**

The Policy may be renewed on the Policy Anniversary. Continuance of the insurance will be conditioned upon payment of premiums at rates determined by Us. We reserve the right to terminate the Policy on any Premium Due Date by giving written notice to the Policyholder at least 31 days in advance if:

1. On the first day after the end of any Contract Year at 12:01 A.M. Standard Time.
2. The number of Members insured falls below the level required by Our rules for maintaining the coverage.
3. The Policyholder fails to furnish promptly any information which we may reasonably require, and to perform any other obligations pertaining to this policy.

Termination of the Policy by Us may take effect on an earlier date if the Policyholder and We mutually agree.

#### **C. AUTOMATIC TERMINATION**

The Policy will terminate without any action on the part of the Company on the day before the due date of any Premium that remains unpaid at the end of the grace period.

#### **D. EFFECT OF TERMINATION**

If this Policy terminates, Premiums are due for any coverage provided during the grace period.

Termination of this Policy will be without prejudice to any claim originating prior to termination.

### **CONVERSION PRIVILEGE**

Subject to the following terms and conditions certain Individuals Insured under the Policy shall have the right to purchase an individual insurance policy without submitting Evidence of Insurability upon the termination of coverage under the Policy.

**A.** An Insured Person under the Policy may convert coverage to an Individual policy of life insurance If coverage under the Policy terminates because of one of the following events:

1. Termination of Your enrollment with the Group; or
2. You, Your Spouse or Dependent Child is no longer a member of a class eligible for coverage as specified in the Policy.

The amount of Insurance under such an individual policy will not exceed the amount of Insurance which was discontinued for either of the above reasons.



### **CONVERSION PRIVILEGE (Continued)**

**B.** An Insured Person who has been continuously Insured under the Policy for at least 5 years may convert to an individual policy of life insurance if:

1. the policy is terminated; or
2. the Policy is amended, making the class of which he is a member ineligible for insurance under the Policy.

The amount of such individual policy will not exceed the amount of life Insurance that was terminated, less the amount of any group life insurance that the person becomes eligible for within the conversion period, or \$10,000, whichever is less.

**C.** Issue of the individual policy will be subject to all of the following conditions:

1. Written application for the individual policy and the first Premium must be received by Us during the Conversion Period.
2. The individual policy may be on any individual plan of Insurance, except term insurance, customarily issued by Us for purposes of converting coverage. The Individual policy will not include Waiver of Premium or supplementary benefits.
3. The Premium for the individual policy will be determined by plan type, the Insured Person's age and risk classification, and Our then current rates at the time of conversion.
4. Insurance under the Individual policy will not become effective until the end of the Conversion Period.

The Conversion Period is defined as the 31-day period following the effective date of termination of coverage under the Policy.

**D.** If an Insured Person dies during the Conversion Period, we will pay a death benefit under the Policy equal to the maximum amount of Insurance the individual was entitled to convert, whether or not application was made for an individual policy.

If the Insured Person dies during the Conversion Period and the Insured Person had made application for an individual policy, the designation in the application of a beneficiary different from the beneficiary under the Policy will, notwithstanding any other provision of the Policy, effect a change of beneficiary under the Policy to the beneficiary designated in the application.

### **GENERAL PROVISIONS**

#### **A. ASSIGNABILITY**

An absolute assignment by You of all the incidents of ownership of Your life insurance coverage under the Policy, as evidenced by this certificate, will be permitted. An assignment will not be binding on Us until received at Our Home Office. We do not assume any responsibility for the validity or the effect of any assignment. Collateral assignments will not be permitted.

#### **B. AUTOPSY**

We, at Our expense, may have an autopsy performed, where allowed by law, if a claim for death benefits is made.

#### **C. CLERICAL ERROR**

A clerical error in record keeping will not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated. Upon discovery of such error, a fair adjustment of Premium as determined by Us will be made. Such adjustment will be limited to the 12-month period that precedes the date We verify that such an adjustment should be made. Failure of the Policyholder to provide the appropriate certificate or any required notice to You does not constitute clerical error.

#### **D. CONFORMITY WITH STATE STATUTES**

Any provision of this Policy which, on the Policy Date, is in conflict with the laws of the state in which it was delivered, is hereby amended to conform to the minimum requirements of such laws.

#### **E. DISCRETIONARY AUTHORITY**

In making any benefits determination under the Policy, We will have the discretionary authority both to determine an insured's eligibility for benefits and to construe the terms of the Policy.

## **GENERAL PROVISIONS (Continued)**

### **F. ENTIRE CONTRACT; STATEMENTS AND AMENDMENTS**

1. The Policy and the Group Application form the entire contract of the parties.
2. All statements, in the absence of fraud, made by the Policyholder or by any person insured will be deemed representations and not warranties. No statement made by any person insured will be used in any contest or in defense of a claim unless a copy of the instrument containing the statement is or has been furnished to You, Your Spouse, Your beneficiary or personal representative.
3. The terms of the Policy and the coverage provided under it may be amended or changed at any time by written agreement between the Policyholder and Us. The consent of the individuals insured or of their beneficiaries is not required. Changes to the Policy are subject to the laws of the state in which it is delivered. Only an officer of the Company has the authority to change, modify or waive the provisions of the Policy, and then only in writing and approved by the President, Secretary, Vice President or Assistant Secretary. We will not be bound by any promise or representation heretofore or hereafter made by or to any agent or person other than as specified in this paragraph.
4. In the event the Policy is amended by changes that affect the description of the essential features of the insurance under the Policy, an amendment or revised certificate reflecting such changes will be issued to the Policyholder for delivery to You.

### **G. INCONTESTABILITY**

We cannot contest the validity of the Policy as to any Insured Person's coverage that has been in force under the Policy for two years during the lifetime of that Insured Person, except for nonpayment of Premium.

No statement made by any Insured Person relating to his insurability will be used in contesting the validity of the insurance unless it is contained in a written statement signed by him.

### **H. INDIVIDUAL CERTIFICATE**

We will make a certificate available to the Insured Member. Certificates will state the insurance protection to which He is entitled and to whom the benefits are payable.

### **I. INSURANCE DATA**

The Policyholder will furnish to Us monthly, unless other regular intervals are mutually agreed to:

1. Information relative to all eligible Members:
  - a. Who qualify to become insured;
  - b. Whose amounts of insurance change; and/or
  - c. Whose insurance terminates;
2. Any other information relating to the Policy that may be reasonably required.

### **J. LEGAL ACTIONS**

No action in law or in equity will be brought to recover under the Policy prior to 60 days after proof of loss has been provided to Us, nor will such action be brought at all unless brought within 3 years from the expiration of the time within which proof of loss is required.

### **K. MISSTATEMENT OF AGE**

The true date of birth of a person covered under the Policy will be used to determine the commencement or termination of coverage, the amount of coverage and any other right or benefit with respect to that person. If an Insured Person's age has been misstated, premiums will be adjusted retroactively as determined by Us.

### **L. NON-WAIVER OF POLICY PROVISIONS**

Our failure to enforce Policy provisions will not waive, modify, or void the Policy's provisions for any future occurrence.

### **M. SUICIDE**

If an Insured Person dies by suicide, while sane or insane, within the two-year period after the effective date of that person's life insurance under the Policy, We will pay only an amount equal to the premiums paid for that insurance. If an Insured Person dies by suicide, while sane or insane, within two years from the effective date of any increase in the amount of insurance, the total liability with respect to such increase will be limited to the monthly premiums for such increase.

### **N. TIME LIMITATIONS**

If any time limitation of the Policy with respect to giving notice of claim, furnishing proof of loss, or bringing an action in law or in equity is less than that permitted by the law of the state in which You reside at the time You become insured under the Policy, such limitation is hereby extended to agree with the minimum permitted by such law.



# ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

## MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If a Group Policyholder has requested Accidental Death and Dismemberment coverage for the group members, the following benefits will be paid in accordance with this Policy and upon the following terms and conditions.

**BENEFIT: If an Insured Group Member sustains an accidental bodily injury and the injury directly causes one of the following losses within 90 days of the date of such injury, We will pay the benefit listed:**

LOSS	BENEFIT
1. loss of one hand by severance of four fingers entirely;	One-half the Principal Sum
2. loss of one foot by severance at or above the ankle;	One-half the Principal Sum
3. total and irrecoverable loss of sight in one eye which cannot be recovered or restored;	One-half the Principal Sum
4. any combination of two or more of the losses listed above;	Principal Sum
5. loss of life;	Principal Sum.

The total benefit for all losses resulting from the same accident may not exceed the Principal Sum for any one Insured Member.

**PRINCIPAL SUM:** The Principal Sum is the amount of life insurance in force on the date the Group Insured Member sustains the accidental bodily injury as shown in the Schedule of Benefits.

**TO WHOM PAYABLE:** Benefits for loss of life will be paid in accordance with the beneficiary provisions of the Payment of Benefits section of this Policy. All other benefits will be paid to the Group Insured Member sustaining the accidental bodily injury.

**LIMITATIONS:** Benefits are not payable for any loss which is caused by, in whole or in part:

1. intentional self-inflicted injury or intentional self-destruction while sane or insane; or
2. disease, bodily or mental infirmity, or medical or surgical treatment thereof; or
3. participation in a riot, or assault where the Group Insured Member sustaining the accidental bodily injury is the aggressor, or
4. duty as a member of any military, naval or air force; or
5. war or any act of war, declared or undeclared; or
6. participation in the commission of a felony; or
7. use of drugs except as prescribed by a Physician; or
8. an injury which is sustained while operating a motor vehicle if the Group Insured Member sustaining the accidental bodily injury was intoxicated as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated; or
9. an injury which is sustained while operating or riding in any kind of aircraft or as a result of descending from an aircraft while it is in flight if:
  - a. the Group Insured Member sustaining the accidental bodily injury was a pilot or a member of the crew of the aircraft;
  - b. the Group Insured Member sustaining the accidental bodily injury was giving or receiving aviation training or instruction;
  - c. the aircraft was being used in training, maneuvers or operations of any armed forces; or
  - d. the Group Insured Member sustaining the accidental bodily injury was being flown for the purpose of descending from the aircraft while in flight.

## **ACCIDENTAL DEATH AND DISMEMBERMENT RIDER (Continued)**

### **SEAT BELT BENEFIT**

An additional benefit of \$10,000 will be paid if:

1. The Accidental Death and Dismemberment benefit is payable by Us; and
2. The covered accident occurred while the Group Insured Member sustained the accidental bodily injury while he was driving or riding in an on-road motor vehicle; and
3. the motor vehicle was equipped with seat belts; and
4. the seat belt was properly fastened and in actual use by the Group Insured Member when sustaining the accidental bodily injury at the time of the accident; and
5. the position of the seat belt is certified in the official accident report or by the investigating police officer, and
6. the driver of the motor vehicle at the time of the accident is properly licensed, and is not driving while impaired, intoxicated, or under the influence of drugs, unless prescribed by a Physician; and
7. the accident is not the result of racing , sport, or exhibition work.

If the position of the seat belt cannot be certified in the official accident report or by the investigating officer, and if it is unclear whether the Group Insured Member was properly wearing a seat belt, We will pay a benefit limited to \$1,000.

### **PUBLIC CONVEYANCE BENEFIT**

An additional benefit equal to the Accidental Death and Dismemberment benefit will be paid if:

1. the Accidental Death and Dismemberment benefit is payable by Us; and
2. the Group Insured Member sustaining the accidental bodily injury was riding in, boarding or alighting from a Public Conveyance as a fare paying passenger when the accident which caused the injury occurred.

Public Conveyance means a vehicle commercially operated by a common carrier licensed to transport passengers.

# ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (ONLY THE GROUP INSURED MEMBER)

If You have requested Life coverage, your benefits include Accidental Death and Dismemberment coverage. The following benefits will be paid in accordance with the Policy and upon the following terms and conditions.

**BENEFIT:** If You sustain an accidental bodily injury and the injury directly causes one of the following losses within 90 days of the date of such injury, We will pay the benefit listed:

LOSS	BENEFIT
1. loss of one hand by severance of four fingers entirely;	One-half the Principal Sum
2. loss of one foot by severance at or above the ankle;	One-half the Principal Sum
3. total and irrecoverable loss of sight in one eye which cannot be recovered or restored;	One-half the Principal Sum
4. any combination of two or more of the losses listed above;	Principal Sum
5. loss of life;	Principal Sum.

The total benefit for all losses resulting from the same accident may not exceed the Principal Sum.

**PRINCIPAL SUM:** The Principal Sum is the amount of life insurance in force on the date You sustain the accidental bodily injury as shown in the Schedule of Benefits.

**TO WHOM PAYABLE:** Benefits for loss of life will be paid in accordance with the beneficiary provisions of the Payment of Benefits section of the Policy. All other benefits will be paid to You.

**LIMITATIONS:** Benefits are not payable for any loss to which a contributing cause is:

1. intentional self-inflicted injury or intentional self-destruction while sane or insane; or
2. disease, bodily or mental infirmity, or medical or surgical treatment thereof; or
3. participation in a riot or assault where You sustain the accidental bodily injury and you are the aggressor; or
4. duty as a member of any military, naval or air force; or
5. war or any act of war, declared or undeclared; or
6. participation in the commission of a felony; or
7. use of drugs except as prescribed by a Physician; or
8. an injury which is sustained while operating a motor vehicle if You sustain the accidental bodily injury while intoxicated as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated; or
9. an injury which is sustained while operating or riding in any kind of aircraft or as a result of descending from an aircraft while it is in flight if:
  - a. You sustain the accidental bodily injury while flying the aircraft as a pilot or a member of the crew; or
  - b. You sustain the accidental bodily injury while giving or receiving aviation training or instruction; or
  - c. The aircraft was being used in training, maneuvers or operations of any armed forces; or
  - d. You sustain the accidental bodily injury while being flown for the purpose of descending from the aircraft while in flight.

## **ACCIDENTAL DEATH AND DISMEMBERMENT RIDER (Continued)**

### **SEAT BELT BENEFIT**

An additional benefit of \$10,000 will be paid if:

1. the Accidental Death and Dismemberment benefit is payable by Us; and
2. the covered accident occurs while You sustain the accidental bodily injury while driving or riding in an on-road motor vehicle; and
3. the motor vehicle is equipped with seat belts; and
4. the seat belt was properly fastened and in actual use by You when sustaining the accidental bodily injury at the time of the accident; and
5. the position of the seat belt is certified in the official accident report or by the investigating police officer; and
6. the driver of the motor vehicle at the time of the accident is properly licensed, and is not driving while impaired, intoxicated, or under the influence of drugs, unless prescribed by a Physician; and
7. the accident is not the result of racing, sport, or exhibition work.

If the position of the seat belt cannot be certified in the official accident report or by the investigating officer, and if it is unclear whether you were properly wearing a Seat Belt, then We will pay a benefit limited to \$1,000.

### **PUBLIC CONVEYANCE BENEFIT**

An additional benefit equal to the Accidental Death and Dismemberment benefit will be paid if:

1. the Accidental Death and Dismemberment benefit is payable by Us; and
2. You sustain the accidental bodily injury while riding in, boarding or alighting from a Public Conveyance as a fare-paying passenger when the accident that caused the injury occurred.

Public Conveyance means a vehicle commercially operated by a common carrier licensed to transport passengers.

## GROUP INSURANCE MASTER APPLICATION

POLICYHOLDER INFORMATION				
Policyholder Name:			Federal Tax ID:	
Address:				
City:		State:	Zip Code:	Phone #:
Group Contact:		Email Address:		Fax #:
Nature of the Group:				
COVERAGE REQUESTED (PLEASE CHECK ALL THAT APPLY)				
<i>Application must be accompanied by a copy of the Proposal Rate Page for the selected coverage(s).</i>				
<input type="checkbox"/> Dental		<input type="checkbox"/> Dependent Spouse.		<input type="checkbox"/> Dependent Child.
<input type="checkbox"/> Vision		<input type="checkbox"/> Dependent Spouse.		<input type="checkbox"/> Dependent Child.
<input type="checkbox"/> Life		<input type="checkbox"/> Dependent Family (Spouse and Child(ren))		
<input type="checkbox"/> Accidental Death and Dismemberment ( <i>Member ONLY</i> )				
PLAN INFORMATION				
Plan Effective Date (Requested):			Eligibility Period Waived For Initial Enrollment (Y/N)?	
Total Number of Members:			Total Number of Members Enrolled:	
Eligibility Period for New Members:		First of the Month Following:		Other:
I Agree to Accept Electronic Delivery of the Policy and Certificates. <input type="checkbox"/> Yes <input type="checkbox"/> No				
AUTHORIZATION				
<p><b>I hereby authorize CITIZENS SECURITY LIFE INSURANCE to issue a Group Policy(ies) and Certificates for coverage as listed above. The effective date of coverage shall be as listed above; provided that final data submitted is satisfactory for the issuance of the policy(ies) requested. I also agree to administer the program(s) for the Members and to make premium payments, if appropriate.</b></p> <p><i>Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</i></p>				
Authorized Signature:			Title:	Date:
Agent's Signature:				Date:
Agent's Printed Name:			Agent No:	



**GROUP ENROLLMENT APPLICATION****Citizens Security Life Insurance Company**  
**P.O.Box 436149, Louisville, KY 40253-6149**☐ **New Enrollment**   ☐ **Change****Part I – To be Completed by Policyholder (Please Print)**

Group No.	Group Name.	Date of Group Membership:
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**Part II – Coverage Election (eligibility for Dependent Insurance requires Member Coverage)**

<b>VOLUNTARY LIFE</b>	<b>DENTAL</b>	<b>VISION</b>
<b>Member:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No. Coverage Amount \$_____.	<b>Member:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.	<b>Member:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.
<b>Dependent Family (spouse &amp; children):</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.		
Spouse Coverage Amount \$_____.	<b>Dependent Spouse:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.	<b>Dependent Spouse:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.
Child(ren) Coverage Amount \$_____.	<b>Dependent Child(ren):</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.	<b>Dependent Child(ren):</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.

**Part III – To be Completed by Member (Please Print)**

Member Name. (Last, First, MI).	Date of Birth.	Age.	<input type="checkbox"/> Male. <input type="checkbox"/> Female.	<input type="checkbox"/> Married. <input type="checkbox"/> Single.
Street Address.	City.	State.	Zip Code.	Social Security Number.

**List all Eligible Dependents to be insured under this application (Please Print)**

Name of Dependent.	Relationship.	Sex.	Date of Birth.	Social Security Number.

**Beneficiary Information for Member's Coverage (Member is the beneficiary of proceeds on Spouse and Child(ren) insurance)**

Primary. (First, Middle, Last).	Soc Sec No.	Date of Birth.	Allocation %	Relationship.
Contingent. (First, Middle, Last).	Soc Sec No.	Date of Birth.	Allocation %	Relationship.

***Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.***

I hereby request to be insured for benefits to which I may be entitled under the Group Policy (ies) issued to the Policyholder listed above. For the coverage I have declined, I understand that if I choose to enroll at a later date, my cost may be higher, Evidence of Insurability may be required or coverage may be denied.

I hereby declare that all answers above are true and complete to the best of my knowledge and belief.

Signature of Member. \_\_\_\_\_ Date. \_\_\_\_\_

Signature of Spouse. \_\_\_\_\_ Date. \_\_\_\_\_

Signature of Dependent(s) (Age 19 & older). \_\_\_\_\_ Date. \_\_\_\_\_

SERFF Tracking Number:	CSLI-126151657	State:	Arkansas
Filing Company:	Citizens Security Life Insurance Company	State Tracking Number:	42421
Company Tracking Number:			
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	Group Life - Associations & Labor Unions		
Project Name/Number:	Group Life - ASSC & LBUN/		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Cert.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> SEE FORM SCHEDULE; APPLICATION AND ENROLLMENT FOR ARE BEING FILED FOR APPROVAL. <b>Comments:</b>		
<b>Satisfied - Item:</b> COVER LETTER <b>Comments:</b> <b>Attachment:</b> Cover Ltr.pdf		
<b>Satisfied - Item:</b> STATEMENTS OF VARIABILITY <b>Comments:</b> <b>Attachments:</b> ASLU MAST GTL 01 09 STATEMENT OF VARIABILITY.pdf ASLU CERT GTL 01 09 STATEMENT OF VARIABILITY.pdf		

<i>SERFF Tracking Number:</i>	<i>CSLI-126151657</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Citizens Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42421</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>

*Product Name:* *Group Life - Associations & Labor Unions*

*Project Name/Number:* *Group Life - ASSC & LBUN/*

**Satisfied - Item:** JOHN DOE APPLICATIONS

**Comments:**

**Attachments:**

John Doe Master App.pdf

John Doe Enrollment.pdf

**Citizens Security Life Insurance Company**  
12910 Shelbyville Road, Suite 300  
Louisville, KY 40243

**Readability Certification**

I, James Helton, Executive Vice President, Group Products,  
Citizens Security Life Insurance Company, hereby certify that  
the following forms have a Flesch Scale readability score of:

ASLU MAST GTL 01 09 AR; Group Term Life Insurance Policy – 44.2  
ASLU CERT GTL 01 09 AR; Group Term Insurance Certificate – 43.4  
ASLU MAST ADD GTL 01 09 AR; Master AD & D Rider – 40.2  
ASLU CERT ADD GTL 01 09 AR; Certificate AD & D Rider – 42.6  
ASLU APP GLA 01 09 AR; Group Insurance Master Application – 41.1  
ASLU ENR GLA 01 09 AR; Group Enrollment Application – 55.6

I also certify, to the best of my knowledge and belief, the form is in  
compliance with the statutes and regulations for simplified and  
readability policy forms of the state for which it is being filed.

**Signed for:** Citizens Security Life Insurance Company

**Date:** May 5, 2009

**By:**   
\_\_\_\_\_

**Title:** Executive Vice President,  
Group Products



May 13, 2009

Arkansas Department of Insurance  
Health Division, Forms and Rates  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

Re: Citizens Security Life Insurance Company - **New Submission**  
NAIC#-61921 FEIN# 61-0648389  
Form # ASLU MAST GTL 01 09 AR; Group Term Life Insurance Policy  
ASLU CERT GTL 01 09 AR; Group Term Insurance Certificate  
ASLU MAST ADD GTL 01 09 AR; Master Accidental Death & Dismemberment Benefit Rider  
ASLU CERT ADD GTL 01 09 AR; Certificate Accidental Death & Dismemberment Benefit Rider  
ASLU APP GLA 01 09 AR; Group Insurance Master Application  
ASLU ENR GLA 01 09 AR; Group Enrollment Application

Dear Sir/Madam:

Enclosed please find our group term life product for your review and approval. These are new policy forms and will not replace any existing forms.

Our group products are marketed by brokers and independent agents. This life product will be a companion product to our group dental and group vision products which are being filed concurrently with this filing under a separate SERFF number.

These forms will be marketed to Associations and Labor Unions on a voluntary basis.

An Accidental Death and Dismemberment Rider will be available.

The Master Application, form # ASLU APP GLA 01 09 AR and the Enrollment Application, form # ASLU ENR GLA 01 09 AR, are enclosed.

A Statement of Variability is attached to the Master Policy and Certificate.

If you should have any questions concerning this filing, please contact me at (800) 843-7752 or e-mail [rbolduc@cslico.com](mailto:rbolduc@cslico.com). Your prompt attention to this filing is greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads 'Rickie Ellen Bolduc'.

Mrs. Rickie Ellen Bolduc, FLMI, AIRC, ACS  
Actuarial Associate

**CITIZENS SECURITY LIFE INSURANCE COMPANY**  
**STATEMENT OF VARIABILITY**  
**Group Life Master Policy**  
**Form ASLU MAST GTL 01 09 AR**

**I. Face Page 1**

- a. Each master policy issued will have a different policy number.
- b. We will insert the name of the Policyholder on each policy.

**II. Schedule of Benefit Page 3**

- A. The basic policy date information will be inserted at time of issue:
  - a. Policy effective will be dated between the 1 and 15 of the month of issue.
  - b. We will list the first policy anniversary of the policy.
  - c. We will record the first policy premium due date.
- B. Life Insurance section will be completed showing the benefits available.
  - a. Member Life benefits as selected by the Member
  - b. The accidental death benefits are equal to the base volume if selected.
  - c. Spouse coverage amount if selected.
  - d. Dependent child(ren) coverage amount if selected.
- C. Reductions
  - a. We will insert the ages at which the amount of insurance is reduced; 50-85.
  - b. We will insert the percentage the amount of insurance will be reduced; 75%-0%.
- D. Age of Termination
  - We will insert the attained age in which coverage will terminate; 50-85.
- E. Schedule of Eligibility and Initial Premiums.
  - a. We'll insert the waiting period for all Members; 0-90 days.
  - b. We'll insert the waiting period for all Members active on the effective date of the policy; 0-90 days.
  - c. We'll insert the waiting period for all Members who become active after the effective date of the policy; 0-90 days.
- F. Initial Rate Guarantee Period
  - We will insert 12, 24 or 36 months.
- G. Initial Monthly Rates of Insurance
  - a. Insured Member Rate will be inserted, per \$1000; range \$0.10-\$5.00.
  - b. The dependent rate will be inserted; range \$0.10-\$5.00.
  - c. Members Accidental Death & Dismemberment Rate will be inserted, per \$1000; range \$0.03-\$1.00..

**CITIZENS SECURITY LIFE INSURANCE COMPANY**  
**STATEMENT OF VARIABILITY**  
**Group Life Certificate**  
**Form ASLU CERT GTL 01 09 AR**

**I. Face Page 1**

- a. Each certificate issued will have the group policy number.
- b. We will insert the name of the Policyholder on each certificate.

**II. Schedule of Benefit Page 3**

- A. The basic policy date information will be inserted at time of issue:
  - a. Each certificate will be issued with the group policy number.
  - b. We will insert the name of the Policyholder on each certificate.
  - c. Policy effective will be dated between the 1 and 15 of the month of issue.
  - d. We will list the first policy anniversary of the policy.
  - e. We will record the first policy premium due date.

- B. Life Insurance section will be completed showing the benefits available.
  - a. Member Life benefits as selected by the Member
  - b. The accidental death benefits are equal to the base volume if selected.
  - c. Spouse coverage amount if selected.
  - d. Dependent child(ren) coverage amount if selected.

**C. Reductions**

- a. We will insert the ages at which the amount of insurance is reduced; 50-85.
- b. We will insert the percentage the amount of insurance will be reduced; 75% - 0%.

**D. Age of Termination**

We will insert the attained age in which coverage will terminate; 60-85.

**E. Schedule of Eligibility and Initial Premiums.**

- a. We'll insert the waiting period for all Members; 0-90 days.
- b. We'll insert the waiting period for all Members active on the effective date of the policy; 0-90 days.
- c. We'll insert the waiting period for all Members who become active after the effective date of the policy; 0-90 days.

**F. Initial Rate Guarantee Period**

We will insert 12, 24 or 36 months.

**G. Initial Monthly Rates of Insurance**

- a. Insured Member Rate will be inserted, Per \$1000; range \$0.10-\$5.00.
- b. The dependent rate will be inserted; range \$0.10-\$5.00.
- c. Members Accidental Death & Dismemberment Rate will be inserted, per \$1000; range \$0.03-\$1.00.

## GROUP INSURANCE MASTER APPLICATION

POLICYHOLDER INFORMATION			
Policyholder Name: ABC Group			Federal Tax ID: 99999
Address: 123 Any street			
City: Little Rock	State: AR	Zip Code: 72201	Phone #: 501-555-5555
Group Contact: John Doe	Email Address: jdoe@anymail.com	Fax #: 501-444-4444	
Nature of the Group: Book Reader Association			
COVERAGE REQUESTED (PLEASE CHECK ALL THAT APPLY)			
Application must be accompanied by a copy of the Proposal Rate Page for the selected coverage(s).			
<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> Dependent Spouse.	<input checked="" type="checkbox"/> Dependent Child.	
<input checked="" type="checkbox"/> Vision	<input checked="" type="checkbox"/> Dependent Spouse.	<input checked="" type="checkbox"/> Dependent Child.	
<input checked="" type="checkbox"/> Life	<input checked="" type="checkbox"/> Dependent Family (Spouse and Child(ren))		
<input checked="" type="checkbox"/> Accidental Death and Dismemberment (Member ONLY)			
PLAN INFORMATION			
Plan Effective Date (Requested): 01/01/08		Eligibility Period Waived For Initial Enrollment (Y/N)? Yes	
Total Number of Members: 100		Total Number of Members Enrolled: 77	
Eligibility Period for New Members: 30 days		First of the Month Following: enrolled Other:	
I Agree to Accept Electronic Delivery of the Policy and Certificates. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
AUTHORIZATION			
I hereby authorize CITIZENS SECURITY LIFE INSURANCE to issue a Group Policy(ies) and Certificates for coverage as listed above. The effective date of coverage shall be as listed above; provided that final data submitted is satisfactory for the issuance of the policy(ies) requested. I also agree to administer the program(s) for the Members and to make premium payments, if appropriate.			
Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.			
Authorized Signature: John Doe		Title: President	Date: 01/01/08
Agent's Signature: David Jones			Date: 01/01/08
Agent's Printed Name: David Jones		Agent No: 123456	



## GROUP ENROLLMENT APPLICATION

Citizens Security Life Insurance Company  
P.O.Box 436149, Louisville, KY 40253-6149☒ New Enrollment ☐ Change

## Part I – To be Completed by Policyholder (Please Print)

Group No. 1234 Group Name. ABC Group Date of Group Membership: 01/01/08

## Part II – Coverage Election (eligibility for Dependent Insurance requires Member Coverage)

VOLUNTARY LIFE	DENTAL	VISION
Member: <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. Coverage Amount \$ <u>10,000</u>	Member: <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.	Member: <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Dependent Family (spouse & children): <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.	Dependent Spouse: <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.	Dependent Spouse: <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.
Spouse Coverage Amount \$ <u>10,000</u>		
Child(ren) Coverage Amount \$ <u>5,000</u>	Dependent Child(ren): <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.	Dependent Child(ren): <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.

## Part III – To be Completed by Member (Please Print)

Member Name. (Last, First, MI) <u>Doe, Jack</u>	Date of Birth. <u>01/01/60</u>	Age. <u>48</u>	<input checked="" type="checkbox"/> Male. <input type="checkbox"/> Female.	<input checked="" type="checkbox"/> Married. <input type="checkbox"/> Single.
Street Address. <u>666 Even Street</u>	City. <u>Little Rock</u>	State. <u>AR</u>	Zip Code. <u>72201</u>	Social Security Number. <u>123 456 789</u>

## List all Eligible Dependents to be insured under this application (Please Print)

Name of Dependent.	Relationship.	Sex.	Date of Birth.	Social Security Number.
<u>Jane Doe</u>	<u>SPOUSE</u>	<u>F</u>	<u>02/01/60</u>	<u>987654321</u>
<u>Johnny Doe</u>	<u>SON</u>	<u>M</u>	<u>05/15/95</u>	<u>666 88 9999</u>
<u>Jessie Doe</u>	<u>DAUGHTER</u>	<u>F</u>	<u>06/30/2000</u>	<u>444 77 3333</u>

## Beneficiary Information for Member's Coverage (Member is the beneficiary of proceeds on Spouse and Child(ren) insurance)

Primary (First, Middle, Last).	Soc Sec No.	Date of Birth.	Allocation %	Relationship.
<u>Jane Doe</u>	<u>987654321</u>	<u>02/01/60</u>	<u>100</u>	<u>SPOUSE</u>
Contingent. (First, Middle, Last).	Soc Sec No.	Date of Birth.	Allocation %	Relationship.
<u>Johnny Doe</u>	<u>666 88 9999</u>	<u>05/15/95</u>	<u>50/50</u>	<u>SON</u>
<u>Jessie Doe</u>	<u>444 77 3333</u>	<u>06/30/2000</u>		<u>DAUGHTER</u>

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I hereby request to be insured for benefits to which I may be entitled under the Group Policy (ies) issued to the Policyholder listed above. For the coverage I have declined, I understand that if I choose to enroll at a later date, my cost may be higher, Evidence of Insurability may be required or coverage may be denied.

I hereby declare that all answers above are true and complete to the best of my knowledge and belief.

Signature of Member. Jack Doe Date. 01/01/08

Signature of Spouse. Jane Doe Date. 01/01/08

Signature of Dependent(s) (Age 19 & older). \_\_\_\_\_ Date. \_\_\_\_\_